

HID AUG 30 1941

Registration District No. Primary Registration District No. 8053 Registrar's No.

1. PLACE OF DEATH:

(a) County. **Barry**
(b) City or town. **Eagle Rock** (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none** (Specify whether)
In this community **Most all of life** (years, months or days)

3. (a) PRINT FULL NAME **Nannie J. Ayres**

3. (b) If veteran, name war. **no** 3. (c) Social Security No. **no**

4. Sex. **Female** 5. Color or race. **White** 6. (a) Single, widowed, married, divorced. **Married**
6. (b) Name of husband or wife. **Wm. Ayres** 6. (c) Age of husband or wife if alive. **72** years
7. Birth date of deceased. **July 23rd 1859** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 7 --- m. --- min.

9. Birthplace. **Millersburg Ky.** (City, town, or county) (State or foreign country)

10. Usual occupation. **Housewife**

11. Industry or business. -----

MOTHER FATHER { 12. Name **Wm. A. Turner**
13. Birthplace **Ky.** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Hall**
15. Birthplace **Ky.** (City, town, or county) (State or foreign country)

16. (a) Informant. **Joe Ayres**
(b) Address. **Eagle Rock**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof. **Aug. 1. 41** (Month) (Day) (Year)

(c) Place: burial or cremation. **Muncie**

18. (a) Signature of funeral director. **Horine & Culver**

(b) Address. **Cassville, Missouri**

19. (a) **Aug 14 - 1941** (Date received local registrar) (b) **Emma Weddington** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **Barry**
(c) City or town. **Eagle Rock, Missouri** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30** year **1941** hour **1.30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Apr 16 - 1934** to **July 30 1941**.
that I last saw him alive on **July 30 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Softening** Duration **3 days**
Essential Hypertension 10 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. **102**
Of autopsy. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (c) Means of injury
23. Signature **E. B. McDaniel, M.D.** Address **Cassville, Mo.** Date signed **8/14/41**

RECEIVED

District Health Officer No. 6,

District File Number 841-1400

Date Filed AUG 27 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.